


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N47975
1. Entity Name
**SOUTH MIAMI MEDICAL SQUARE UMBRELLA
ASSOCIATION, INC.**



Principal Place of Business 7300 S.W. 62ND PLACE SOUTH MIAMI, FL 33143 US	Mailing Address 1794 OPECHEE DRIVE MIAMI, FL 33133 US
---	---

DO NOT WRITE IN THIS SPACE



04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0472753	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOYCE, SHEILA K
1794 OPECHEE DRIVE
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HIRSCH, NATHAN B., M.D. 7300 SW 62 PLACE, 3RD FL SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARREDO, VICTOR, M.D. 7330 S.W. 62ND PL., #310 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYCE, THOMAS H 1794 OPECHEE DRIVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STOIK, ROSTIA 7330 SW 62ND PL #210 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000104112
04/05/04-80084-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas H. Boyce [Thomas H. Boyce - D] 4/1/04 305-857-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #